## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-015659

DO NOT WRITE										2 3 2/	STA	TE FILE NUA	
	AM	LEND	:D		istration District No		imary Registration-	District No. 2000	Registrar's No	. <u></u>			
ON THIS STUB				lF	ILED APR	1 <b>7 1963</b>			II a mana a mana a				
I	1_1	1	1 1	1.	PLACE OF DEATH	<b>.</b>			2. USUAL RESIDE				
VS 300				ľ		Greene				souri c	OUNTY Green	ne 💮	admission)
Rev. 4/59	AMENDED				b. CITY (If outside co OR	prporate limits, give TOW	NSHIP only)	Length of stay in 1b	c. CITY Inside Limits				
	뿔				TÖŴN STOT	ringfield	Į.	ll life	OR TOWN 9	pringfi	eld		Yes 🛛 No 🗌
10397	₹	-			c. FULL NAME OF (If	NOT in hospital, give loc		Inside Limits	d. STREET		cutside, give loca	ation)	Reside on Farm
	DATE	1		ŀ	HOSPITAL OR INSTITUTION	St.John's H	Cartego	Yes 🗶 No 🗆	ADDRESS 3	27 E. S	ilaby		Yes □ No 🛣
20397 P	-  2	1.	ا ا	l					<u>11</u>	2.7 23. 3	TIBDA		145 [] 110 [25.
3				3.	NAME OF DECEASED	) First	N	liddle	Last	4. DATE	Month	Day	Year
		1			(Type or print)	PAMELA	9	SUE J	NOSNHOU	OF DEATH	<sup>A</sup> pril	7	1963
4 /	1 1				SEX	6. COLOR OR RACE	7. Married		8. DATE OF BIRTH	9. AGE (last I		DER 1 YEAR	IF UNDER 24 HR
				-	Female	White	Widowed [	_	4/6/195	9	Months	s Days	Hours Min.
<sup>5</sup> Ø				102	- +	Give kind of work done	10b KIND OF B	USINESS OR INDUSTR			country) 12 C	ITIZEN OF W	VHAT COUNTRY
6	اام				during most of worki	ng life, eyen if retired)		USINESS OR INDUSTR					
	<b>≷</b>				tudent, 3	<u>rd,Grade</u>	Hollar	id Grade		iera, Mi	ssouri (	J. B. A.	•
70	FOLLOWS	1		13a.	FATHER'S NAME			THER'S MAIDEN NAM		1		<b>-</b>	
	2		4		Ivan M.	Johnson	Jev	<u>rell Raver</u>	18	_   1	Never Ma	arriec	1
8 2	2		. 12			R IN U.S. ARMED FORCES		CIAL CECUBITY NO.	17. INFORMANT	•	3/2/90ss	2. Si	Laby
9204.4		1		(Ye	, no, or unknown) (It NO	iyas, give war or dates o None	T sec		Mr. Ivan	M.Johns			
	Ž	1	l⊨	$I \lnot$		(Enter only one cause po DEATH WAS CAUSED B	er line for (a), (b),	and (c).			<del> </del>	INT	ERVAL BETWEEN
10	~	1			PART I.					- 64	+م مادن		SET AND DEATH
11	EAD OF		DOCUMEN.			IMMEDIATE CAUSE	(a)	ebro-v	<u> </u>	1 cre	TORNI	· In	2 Law London
		1	8				~		_	•	•		
		1					/ 1 -		- 7-11	4	منسما	- 5	MA A.
	<i>י</i> 1 ( <i>i</i> )	1	"			ons, if any, DUE TO	(b) (Le	ute St	<u>em Cell</u>	Leu	kemia	_   5	mo.
	7 12 1	1			which g above	cause (a),	(b) <b>Q</b>	ute St	em Cell	Leu	<u>kewia</u>	_ 5	MO
	╼┟═┼╴	1	_		which g above stating	ave rise to		ate St	em Cell	Leu	kemia	. 5	mo
1.	╼┟═┼╴	+	_	2	which g above stating	cause (a), the under- cause last. DUE TO	(c)	itributing to deat	em Cell	the terminal	PART III. If	deceased v	vas female was
	5	-		TION	which g above stating lying c	pave rise to cause (a), the under-cause last. DUE TO	(c)	ATRIBUTING TO DEAT	H but not related to	teu	there	deceased v	was female was cy in last 90 days.
	5	-		ICATION	which g above stating lying c	cause (a), the under- cause last. DUE TO	(c)		· 		there	deceased ve a pregnand	vas female was cy in last 90 days. o Unknown
	5		3	RIFICATION	which gabove stating lying c	pave rise to cause (a), the undercause last. DUE TO  OTHER SIGNIFICANT disease condition given	CONDITIONS CONTINUE PART I (a)		TH but not related to		there	deceased ve a pregnand	vas female was cy in last 90 days. o Unknown
	5			<u> </u>	which g above stating lying c	cause (a), the undercause lest. DUE TO OTHER SIGNIFICANT disease condition given	CONDITIONS CONTINUE PART I (a)		· 		there	deceased ve a pregnand	vas female was cy in last 90 days. o Unknown
	5			1 CERTIF	which g above stating lying c PART II  19. WAS AUTOPSY PERFORMED? YES NO 34	DUE TO Cause (a), the undercause last. DUE TO OTHER SIGNIFICANT disease condition given	CONDITIONS CONTINUE PART I (a)		· 		there	deceased ve a pregnand	vas female was cy in last 90 days. o Unknown
	╼┟═┼╴			CAL CERTIF	which g above stating lying c PART II  19. WAS AUTOPSY PERFORMED? YES NO 10 10 10 10 10 10 10 10 10 10 10 10 10	pave rise to cause (a), the undercause lest. DUE TO CAUSE ISST. DUE TO	CONDITIONS CONTINUE PART I (a)		· 		there	deceased ve a pregnand	vas female was cy in last 90 days. o Unknown
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	5			CAL CERTIF	which g above stating lying c PART II  19. WAS AUTOPSY PERFORMED? YES NOT	pave rise to cause (a), the under-cause last. DUE TO DUE TO disease condition giver 20a. ACCIDENT SUICI	CONDITIONS CON in PART I (a)  DE HOMICIDE	20b. DESCRIBE HO	W INJURY OCCURRED	). (Enter nature o	finjury in PART I	decessed ve a pregnand (es Nor PART III o	was female was cy in last 90 days. o Unknown of item 18.)
RIBBON	AMENDMENIS ON I			CAL CERTIF	which g above stating lying c PART II  19. WAS AUTOPSY PERFORMED? YES NO ME NUMBER 19. NO ME 19.	pave rise to cause (a), the under-cause last. DUE TO DUE TO disease condition giver 20a. ACCIDENT SUICI	CONDITIONS CON in PART I (a)  DE HOMICIDE	20b. DESCRIBE HO	W INJURY OCCURRED	D. (Enter nature o	f injury in PART I	decessed ve a pregnand (es Nor PART III o	was female was cy in last 90 days. o Unknown of item 18.)
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RIBBON	READ AMENDMENTS ON			CAL CERTIF	which go above stating lying compared to the stating compared to the stating lying l	DUE TO Cause (a), the under- cause last.  DUE TO  OTHER SIGNIFICANT disease condition giver  20a. ACCIDENT SUICI  Month, Day, Year  Month, Day, Year  COMMONTO  COMMON	CONDITIONS	20b. DESCRIBE HO	20f. CITY, TOWN, OI	D. (Enter nature o	f injury in PART I	decessed ve a pregnand or PART III o	was female was cy in last 90 days. a Unknown of item 18.)
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RIBBON	AMENDMENIS ON SHOULD READ		OF	WEDICAL CERTIF	which g above stating lying c stating lying c PART II  19. WAS AUTOPSY PERFORMED? YES NO STATE  20c. TIME OF Hour INJURY a.m. p.m.  20d. INJURY OCCURR WHILE AT WORK NOT WHILE AT VORK NOT WHILE AT VERMINAL, CREMATION REMOVAL (Specify)  BURIAL, CREMATION BURIAL DIRECTOR	DUE TO Cause (a), the under- cause (a), the	CONDITIONS	in or about home, ice bldg., etc.)  to m on the of cemetery or critical part of the center of the ce	20f. CITY, TOWN, OI  1-63 and date stated above, 22b. ADDRESS SATING	d last sawher and to the best of Cocation  Ciclo  23d. LOCATION  Sprin	COULTIVE OF THE COUNTY OF COUNTY COUN	decessed ve a pregnance of N or PART II of N o	vas female was cy in last 90 days. a Unknown of item 18.)  STATE  3  uses stated.  22c. DATE SIGNED  4-9-63  (State)  OUR 1

4-9-63

STATEMENT BY LICENSED EMBALMER

r by	Student Embalmer No
vorking under my personal supervision.	1/2001
Signature of Student Embalmer	_ Signed Darof Fully
	Licensed Embalmer No. 59
	P. O. Address Apple MO

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.